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CONFIRMATION NO. 3519

|                                                                                                                                                                                                                        |                                                                                                                   |                                   |                                                                                                                                                                                                                                                                                 |                                            |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/518,284                                                                                                                                                                                     | <b>FILING OR 371(c) DATE</b><br>09/02/2005<br><b>RULE</b>                                                         | <b>CLASS</b><br>378               | <b>GROUP ART UNIT</b><br>2882                                                                                                                                                                                                                                                   | <b>ATTORNEY DOCKET NO.</b><br>XENOC3.3-002 |                                |
| <b>APPLICANTS</b><br>Peter Hoghoj, Saint Martin Le Vinoux, FRANCE;<br>Aurelien Dariel, Saint- nizier du moucherotte, FRANCE;                                                                                           |                                                                                                                   |                                   |                                                                                                                                                                                                                                                                                 |                                            |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/FR03/01879 06/19/2003                                                                                                                              |                                                                                                                   |                                   |                                                                                                                                                                                                                                                                                 |                                            |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 02/07546 06/19/2002<br>FRANCE 03/00623 01/21/2003                                                                                                                       |                                                                                                                   |                                   |                                                                                                                                                                                                                                                                                 |                                            |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                                                                                                   | <b>STATE OR COUNTRY</b><br>FRANCE | <b>SHEETS DRAWING</b><br>4                                                                                                                                                                                                                                                      | <b>TOTAL CLAIMS</b><br>12                  | <b>INDEPENDENT CLAIMS</b><br>1 |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____                                                                                                                                                 |                                                                                                                   |                                   |                                                                                                                                                                                                                                                                                 |                                            |                                |
| <b>ADDRESS</b><br>000530                                                                                                                                                                                               |                                                                                                                   |                                   |                                                                                                                                                                                                                                                                                 |                                            |                                |
| <b>TITLE</b><br>Optical device for X-ray applications                                                                                                                                                                  |                                                                                                                   |                                   |                                                                                                                                                                                                                                                                                 |                                            |                                |
| <b>FILING FEE RECEIVED</b><br>1390                                                                                                                                                                                     | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                            |                                |